

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Brandon C. Jones

Write the full name of each plaintiff.

____ CV ____
(Include case number if one has been
assigned)

-against-

Ms. Jisin H. Thomas, Director of VOA CSS Program

Mr. Jonathan Tauarez, Deputy Director VOA CSS Program

Volunteers of America HQ 135 West 50th Street NYC NY 10024

Volunteers of America Corporation, 65 Charles Gay Loop New York NY
10035

Write the full name of each defendant. If you need more
space, please write "see attached" in the space above and
attach an additional sheet of paper with the full list of
names. The names listed above must be identical to those
contained in Section II.

COMPLAINT

Do you want a jury trial?

☒ Yes ☐ No

RECEIVED
SDNY PRO SE OFFICE
2020 JUL 17 PM 12:53

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. BASIS FOR JURISDICTION

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation, and the amount in controversy is more than \$75,000, is a diversity case. In a diversity case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal-court jurisdiction in your case?

☒ **Federal Question**

☐ **Diversity of Citizenship**

A. If you checked Federal Question

Which of your federal constitutional or federal statutory rights have been violated?

Violation of 4th and 14th Constitutional Amendment

Violation of the Americans with Disability Act of 1990 42USC Failure to provide Reasonable Accommodation

Violation of the Civil Rights Act of 1964, Title VII

Harassment & Intimidation by the above named Defendants, 42USC 3617

B. If you checked Diversity of Citizenship

1. Citizenship of the parties

Of what State is each party a citizen?

The plaintiff, Brandon C. Jones, is a citizen of the State of
(Plaintiff's name)

New York (SDNY)

(State in which the person resides and intends to remain.)

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of

If more than one plaintiff is named in the complaint, attach additional pages providing information for each additional plaintiff.

If the defendant is an individual:

The defendant, Ms. Jisin H. Thomas, is a citizen of the State of
(Defendant's name)

New York (SDNY)

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of

If the defendant is a corporation:

The defendant, Volunteers of America GNY Corporation, is incorporated under the laws of
the State of New York (NYS-DOS: 1564462)

and has its principal place of business in the State of New York NY

or is incorporated under the laws of (foreign state) _____

and has its principal place of business in Manhattan New York NY

If more than one defendant is named in the complaint, attach additional pages providing information for each additional defendant.

II. PARTIES

A. Plaintiff Information

Provide the following information for each plaintiff named in the complaint. Attach additional pages if needed.

<u>Brandon</u>	<u>C.</u>	<u>Jones</u>
First Name	Middle Initial	Last Name
<u>65 Charles Gay Loop Bed 43</u>		
Street Address		
<u>New York</u>	<u>NY</u>	<u>10035</u>
County, City	State	Zip Code
<u>212-470-1465</u>	<u>brandoncjones9131982@gmail.cc</u>	
Telephone Number	Email Address (if available)	

B. Defendant Information

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. Attach additional pages if needed.

Defendant 1:	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Ms. Jisin H.</td> <td style="width: 50%;">Thomas</td> </tr> <tr> <td>First Name</td> <td>Last Name</td> </tr> <tr> <td colspan="2">Director VOA CSS Program</td> </tr> <tr> <td colspan="2">Current Job Title (or other identifying information)</td> </tr> <tr> <td colspan="2">65 Charles Gay Loop</td> </tr> <tr> <td colspan="2">Current Work Address (or other address where defendant may be served)</td> </tr> <tr> <td>New York</td> <td>NY</td> <td>10035</td> </tr> <tr> <td>County, City</td> <td>State</td> <td>Zip Code</td> </tr> </table>	Ms. Jisin H.	Thomas	First Name	Last Name	Director VOA CSS Program		Current Job Title (or other identifying information)		65 Charles Gay Loop		Current Work Address (or other address where defendant may be served)		New York	NY	10035	County, City	State	Zip Code
Ms. Jisin H.	Thomas																		
First Name	Last Name																		
Director VOA CSS Program																			
Current Job Title (or other identifying information)																			
65 Charles Gay Loop																			
Current Work Address (or other address where defendant may be served)																			
New York	NY	10035																	
County, City	State	Zip Code																	
Defendant 2:	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Mr. Jonathan</td> <td style="width: 50%;">Tauarez</td> </tr> <tr> <td>First Name</td> <td>Last Name</td> </tr> <tr> <td colspan="2">Deputy Director VOA CSS Program</td> </tr> <tr> <td colspan="2">Current Job Title (or other identifying information)</td> </tr> <tr> <td colspan="2">65 Charles Gay Loop</td> </tr> <tr> <td colspan="2">Current Work Address (or other address where defendant may be served)</td> </tr> <tr> <td>New York</td> <td>NY</td> <td>10035</td> </tr> <tr> <td>County, City</td> <td>State</td> <td>Zip Code</td> </tr> </table>	Mr. Jonathan	Tauarez	First Name	Last Name	Deputy Director VOA CSS Program		Current Job Title (or other identifying information)		65 Charles Gay Loop		Current Work Address (or other address where defendant may be served)		New York	NY	10035	County, City	State	Zip Code
Mr. Jonathan	Tauarez																		
First Name	Last Name																		
Deputy Director VOA CSS Program																			
Current Job Title (or other identifying information)																			
65 Charles Gay Loop																			
Current Work Address (or other address where defendant may be served)																			
New York	NY	10035																	
County, City	State	Zip Code																	
Defendant 3:	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Volunteers of America</td> <td style="width: 50%;">Corporation</td> </tr> <tr> <td>First Name</td> <td>Last Name</td> </tr> <tr> <td colspan="2">President, CEO, Board Of Directors, General Corporation</td> </tr> <tr> <td colspan="2">Current Job Title (or other identifying information)</td> </tr> <tr> <td colspan="2">135 West 50th Street</td> </tr> <tr> <td colspan="2">Current Work Address (or other address where defendant may be served)</td> </tr> <tr> <td>New York</td> <td>NY</td> <td>10024</td> </tr> <tr> <td>County, City</td> <td>State</td> <td>Zip Code</td> </tr> </table>	Volunteers of America	Corporation	First Name	Last Name	President, CEO, Board Of Directors, General Corporation		Current Job Title (or other identifying information)		135 West 50th Street		Current Work Address (or other address where defendant may be served)		New York	NY	10024	County, City	State	Zip Code
Volunteers of America	Corporation																		
First Name	Last Name																		
President, CEO, Board Of Directors, General Corporation																			
Current Job Title (or other identifying information)																			
135 West 50th Street																			
Current Work Address (or other address where defendant may be served)																			
New York	NY	10024																	
County, City	State	Zip Code																	

Defendant 4: Volunteers of America Corporation, Swartz Shelter
 First Name Last Name
Directors, Program Manager (s), General Staff, 1099 contractors
 Current Job Title (or other identifying information)
65 Charles Gay Loop
 Current Work Address (or other address where defendant may be served)
New York NY 10035
 County, City State Zip Code

III. STATEMENT OF CLAIM

Place(s) of occurrence: Swartz Shelter 65 Charles Gay Loop New York NY 10035

Date(s) of occurrence: February 2nd 2020 thru July 16th 2020

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and what each defendant personally did or failed to do that harmed you. Attach additional pages if needed.

~~Ms. Jisin H. Thomas failed to provide Reasonable Accommodation, under the requirements of the Americans with Disabilities Act of 1990. When I requested accommodations on numerous occasions. Ms. Thomas repeatedly failed to provide Reasonable Accommodation, with regards to the advise of Medical Personnel and took upon herself to disregard all Medical Documentation. Ms. Jisin H. Thomas even engaged tactics of Retaliation and forms of Intimidation, by engaging in unlawful behavior and filing a formal complaint with Individual Mr. Darrel Spencer, after finding out about my sincere complains to VOA Corporate Offices and other NYS/NYC Departments, regarding the Safety and Hygiene issues of the Swartz Shelter of 65 Charles Gay Loop New York NY 10035. Individual Mr. Darrel Spencer contacted me from a private number and demanded that I report to his Supervisor @ 500 Pearl Street SDNY and the issues continues today without any relief or stoppage.~~

~~Mr. Jonathan Tauarez has engaged in tactics and disregarded all required request for assistance, under the Americans with Disabilities Act of 1990 Reasonable Accommodation. Mr. Jonathan Tauarez deemed necessary to write out a formal infraction against me on July 9th 2020 and sent to Individual Mr. Darrel Spencer, before presenting the document to me and demanded with a loud voice, I sign the document. Which I did not agree nor signed and walked away. Again, Individual Mr. Darrel Spencer contacted me from a private number, about the infraction and Mr. Spencer made threatening statements of going before the Judge and questioned me about the aforementioned and the issues continues today without any relief or~~

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

Since initiating residency @ the VOA Swartz Shelter and CSS Program February 2nd 2020, I have been suffering painful and emotional infections of the feet, which are severely burned. Since arriving, I duly noticed the failure of cleaning the Shower and Bathroom areas in Dorm-2 CSS Program, especially when the clients do ever illegal thing, in the shower area. I ave reported it to VOA Principal Staffing and was told to mind my own (f-- -king business) and nothing was done. Having known about the NYC Hygiene Act of NYC Charter 47, I asked for cleaning supplies to do it myself and was told no, even with Medical Personnel Documentation, they still refused to assist. Fearful of my safety, due to the Retaliation and emotional Intimidation by

IV. RELIEF

State briefly what money damages or other relief you want the court to order.

Stronger Policy or Policies, governing the operation of 65 Charles Gay Loop New York NY 10035 and to install an overseer, to truly monitor- the interactions of the Volunteers of America Corporation and staffing, alike with the Client (s) of the Swartz Shelter system. To ensure ea h and every Client is being treated fairly, under the Rule of Law. Further, the Termination of Ms. Jisin H. Thomas and the prevention or barring of her from seeking employment with another Shelter or Nursing Home Facility, anywhere in the State of New York.

The Termination of Mr. Jonathan Tauarez from the CSS Program and the

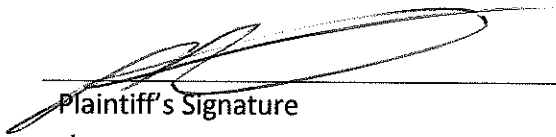
V. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

July 16th 2020

Dated			
Brandon	C.	Jones	
First Name	Middle Initial	Last Name	
65 Charles Gay Loop Bed 43			
Street Address			
New York	NY	10035	
County, City	State	Zip Code	
212-470-1465	brandoncjones9131982@gmail.com		
Telephone Number	Email Address (if available)		

I have read the Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

☒ Yes ☐ No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.

07/31/2015 3:00 PM 09/13/1982 Brandon Jones

General Practice Associates

Larry P. Doroshow D.O.

Gary M. Cohen M.D.

J. Douglas Lawson D.O.

7131 Ridge Avenue

Philadelphia, PA. 19128

PH: (215)483-2113 FX: (215)483-8012

PATIENT:	Brandon Jones
DATE OF BIRTH:	09/13/1982
DATE:	07/31/2015 3:00 PM
VISIT TYPE:	Office Visit

History of Present Illness

This 32 year old male presents with:

1. chronic conditions

Cellulitis and abscess of foot, except toes (onset 12/09/1992; Stable. Left foot has been leaking >1 week, right x 4-5 days with funny odor. Mildly red.) Lymphedema (onset 05/31/1993; Stable. Right leg and left foot get more swollen often.) Migraine, unspecified with intractable migraine, s (onset 06/17/1996; Stable. 1 migraine this week. Usually 1-2/week.) Hypertension, benign (onset 08/19/2011; Stable.)

Chronic Problems

Von Willebrand's Disease

Sleep Apnea, Obstructive

ASTHMA, UNSPECIFIED TYPE, UNSPECIFIED

GERD

Cellulitis and abscess of foot, except toes

Hypertension, benign

Burn of unspecified degree of lower leg

Migraine, unspecified with intractable migraine, s

Lymphedema

Depression

Late effect of burn of other extremities

Past Medical History

Reviewed, no changes. Last detailed document: 05/22/2013.

Social History

Reviewed, no changes. Last detailed document date: 05/06/2013.

Allergies

Reviewed, no changes.

Allergen/Ingredient**Brand****Reaction:**

Latex

Ciprofloxacin Hcl

Sulfa (sulfonamide Antibiotics)

Ciprofloxacin

Peanut

Cefdinir

Clindamycin

Angioedema

07/31/2015 3:00 PM 09/13/1982 Brandon Jones

Ampicillin

Review of Systems**Constitutional:**

Negative for chills, fatigue and fever.

Respiratory:

Negative for cough, dyspnea and wheezing.

Cardiovascular:

Positive for:

- Edema.

Negative for chest pain and irregular heartbeat/palpitations.

Gastrointestinal:

Negative for abdominal pain, constipation, diarrhea, nausea and vomiting.

Neuro/Psychiatric:

Positive for:

- Headache.

Negative for dizziness.

Hematology:

Positive for:

- Easy bleeding.

- Easy bruising.

Vital Signs**Height**

Time	ft	in	cm	Last Measured	Method	%
3:07 PM	5	11		05/01/2013	carried forward	

Weight / BSA / BMI

Time	lb	oz	kg	Context	%	BMI kg/m2	BSA m2
3:07 PM	286					39.88	

Blood Pressure

Time	BMI kg/m2	Position	Side	Site	Method	Cuff Size
3:41 PM	134/84	sitting	right			adult

Measured By

Time	Measured By
3:41 PM	Gary Cohen MD
3:07 PM	VALERIE BEVERLY

Physical Exam**Constitutional:**

Well developed.

Eyes:**Right**

No injection.

PERRLA.

Left

No injection.

PERRLA.

Nose / Mouth / Throat:**Lips/Teeth/Gums:** Normal teeth and gums**Tonsils:** No tonsillar hypertrophy or exudates**Oropharynx:** No pharyngeal erythema or exudates or mucosal lesion

07/31/2015 3:00 PM 09/13/1982 Brandon Jones

Electronically signed by Gary M. Cohen MD on 08/05/2015 02:57 PM - *pr. 2-13-20*

Point of Care Test CSN Barcode

JONES, BRANDON "BRANDON *

MRN: 1828414

DOB: 9/13/1982 (37 yrs) Male

CSN: 35601419

AC35601419



AC35601419

Please place document in confidential bin upon test completion.

**Bureau of Prisons
Health Services
Inmate GCT Release**

Reg #: 77927-054

Inmate Name: JONES, BRANDON

SENSITIVE BUT UNCLASSIFIED – This information is confidential and must be appropriately safeguarded.

Transfer To: _____

Transfer Date: 02/01/2020

Health Problems

<u>Health Problem</u>	<u>Status</u>
Hereditary factor VIII deficiency	Current
Von Willibrand's Disease	
Obesity	Current
_____	Current
Rule-Out	
Posttraumatic Stress Disorder	Current
Essential (primary) hypertension	Current
Gastro-esophageal reflux disease without esophagitis	Current
Unspecified hemorrhoids	Current
Disorder of prostate, unspecified	Current
Heartburn	Current
Pain, unspecified	Current

Medications: All medications to be continued until evaluated by a physician unless otherwise indicated.
Bolded drugs required for transport.

Acetaminophen 325 MG Tab Exp: 07/21/2020 SIG: Take two tablets (650 MG) by mouth three times daily
 Amitriptyline 75 MG Tab Exp: 07/21/2020 SIG: Take one tablet (75 MG) by mouth every night at bedtime for pain ***pill line***
 Aripiprazole 5 MG Tab Exp: 07/21/2020 SIG: Take one tablet (5 MG) by mouth at bedtime ***pill line***
 *consent form on file * ***pill line***
 Baclofen 10 MG Tab Exp: 07/21/2020 SIG: Take one tablet (10 MG) by mouth three times daily ***pill line***
 crush/empty ***pill line***
 Fluoxetine HCl 20 MG Cap UD Exp: 01/22/2021 SIG: Take one capsule (20 MG) by mouth each day ***pill line***
 *consent form on file * ***pill line***
 Omeprazole 20 MG Cap Exp: 07/21/2020 SIG: Take one capsule (20 MG) by mouth each day
 Pregabalin 100 MG Cap UD Exp: 02/22/2020 SIG: Take one capsule (100 MG) by mouth three times daily for chronic unrelenting pain *Date of last pain assessment: 1/13/20 ***crush/empty*** ***pill line***
 Propranolol LA 24 Hour 80 MG Cap Exp: 07/21/2020 SIG: Take two capsules (160 MG) by mouth each day
 Tamsulosin HCl 0.4 MG Cap Exp: 07/21/2020 SIG: Take one capsule (0.4 MG) by mouth each evening
 Vitamin A & D Ointment 60 GM Exp: 07/21/2020 SIG: Apply a small amount topically to the affected area(s) twice daily

OTCs: Listing of all known OTCs this inmate is currently taking.

None

Pending Appointments:

<u>Date</u>	<u>Time</u>	<u>Activity</u>	<u>Provider</u>
01/27/2020	00:00	Sick Call/Triage	MLP 02
01/28/2020	00:00	Exit Summary	MLP 02
01/31/2020	00:00	Rehab Treatment	Nurse-Wound Care
02/29/2020	00:00	Psychiatry Follow Up	MLP Psych
03/23/2020	00:00	Pain Management	Pharmacist
03/27/2020	00:00	PPD Administration	Nurse
07/03/2020	00:00	Chart Review	Nurse-LSCI
07/07/2020	00:00	Chemotherapy	Oncology DR 03
11/17/2020	00:00	Chronic Care Visit	Physician 02
11/10/2022	00:00	Preventive Health Visit	Physician 02

Non-Medication Orders:

Reg #: 77927-054

Inmate Name: JONES, BRANDON

SENSITIVE BUT UNCLASSIFIED – This information is confidential and must be appropriately safeguarded.

<u>Order Name</u>	<u>Status</u>	<u>Frequency</u>	<u>Duration</u>	<u>Order Date</u>	<u>Details</u>
Gauze Sponges - 4X4	Transcribed Not Complete	Monthly	90 days	11/21/2019	can patient have one box of calcium sodium alligate be issued so he can do dressing changes in unit
Tape	Transcribed Not Complete	Monthly	90 days	11/21/2019	
Wound Cleanser Spray	Transcribed Not Complete	Monthly	90 days	11/21/2019	
Adherent Dressing	Transcribed Not Complete	Monthly	90 days	11/21/2019	
Hibiclens	Transcribed Not Complete	Every 2 weeks	90 days	12/02/2019	Please flush Porta-cath as per BOP nursing protocol once a month. Thank you.
Weight	Transcribed Not Complete	Weekly	180 days	01/07/2020	
PICC/Port Flush	Transcribed Not Complete	Monthly	180 days	01/23/2020	

Active Alerts:

<u>Start Date</u>	<u>Alert</u>	<u>Stop Date</u>	<u>Comments</u>
04/02/2019	Bleeding Disorder		Von Willebrand's Disease - Inmate states that, in the past, he has been given Amicar prior to having invasive dental procedures (prophy/extractions).

Consultations:**Pending Institutional Clinical Director Action**

No Data Found

Pending UR Committee Action

No Data Found

Pending Regional Review Action

No Data Found

Pending Scheduling

No Data Found

Pending Consultation

No Data Found

Pending Results

Consultation/Procedure Requested: Wound Care

Subtype: Off-site

Location: Offsite

Ordered Date: 01/07/2020

Scheduled Target Date: 01/15/2020

Inmate Sent Date: 01/22/2020

Level Of Care: Medically Necessary - Non-Emergent

Reason for Request: 37 year old morbidly obese Hispanic IM who was discharged from UNC Burn Unit after management of acute Cellulitis of the left L.E. and MRSA infection. He has had prior hx of severe burns over both L.E. s/p skin grafting. He needs to have a follow up appointment with Burn center in 7 to 10 days according to the D/S. Please schedule for the same. Thank you.

Provisional Diagnosis: Acute Cellulitis of the left L.E. with MRSA infection with hx of prior burns and skin grafting.

TB Clearance: Yes

Last PPD Date: 03/27/2019

Last Chest X-Ray Date:

TB Treatment:

TB Follow-up Recommended: No

Induration: 0mm

Results:

Sx free for 30 days: Yes

Reg #: 77927-054

Inmate Name: JONES, BRANDON

SENSITIVE BUT UNCLASSIFIED – This information is confidential and must be appropriately safeguarded.

Sickle Cell:Sickle Cell Trait/Disease: No**Limitations/Restrictions/Diets:**

Cell: lower bunk --- 07/17/2020

Other Housing Status Restrictions: BMI 43 --- permanent

Cleared for Food Service: No

Other diet restrictions: heart healthy --- 03/30/2020

Special instructions: Meals on Unit ACU

Comments:

GCT release on 2/1/20

PPD: 0mm on 3/27/19

Allergies

Sulfa Antibiotics

Penicillins

Latex Exam Gloves

Peanut Oil

Devices / Equipment

Orthotics

Bi-PAP

Pillow

Eye Glasses

Medical Shoes

All-purpose boot

Compression garment - leg

Shower Protection Bag, Leg

Travel:Direct Travel: NoTravel Restrictions: None**UNIVERSAL PRECAUTIONS OBSERVED WHEN TRANSPORTING ANY INMATE:**Transfer From Institution: BUTNER LOW FCIPhone Number: 9195755000Address 1: OLD NC HWY 75

Address 2: _____

City/State/Zip: BUTNER, North Carolina 27509Name/Title of Person Completing Form: Dowrich, A. FNP-CDate: 01/28/2020Inmate Name: JONES, BRANDONReg #: 77927-054 DOB: 09/13/1982 Sex: M

VOLUNTEERS OF AMERICA - GREATER NEW YORK

CLIENT GRIEVANCE FORM

If you wish to file a grievance, please write your concerns on this form and give it to either your case manager or his/her supervisor, whomever appropriate.

Client Name: Brian J. LeeDate: July 9th 2020

My grievance is as follows:

~~Assistant Director~~ - Mr. Jonathan Tormier -
 provided a write-up of an instruction - for being
 a distance learning teacher. "Laptop" as per the
 order to remove off COVID-19 - no working was given
 just the write up it's deeply appreciated to write
 up was in contact to my company to NYC CSS
 NYC Department of Health, New York State Department
 of Disb. and medical services for CSS and LPA
 parallel to comply with medical advise - written to
 figure to provide reasonable accommodation - under ADA 10190 -
 Sub - 42 USC - 12101 - The above statement relates
 to retaliation for whistle blowing NY Law 2010
 chapter 211 528

Completed By: [Signature]Date: July 9th 2020Received By: [Signature]Date: 7/16/20

Findings:

Decision:

Date: _____

Program Director/Assistant Vice President Signature



VOLUNTEERS OF AMERICA – GREATER NEW YORK

CLIENT GRIEVANCE FORM

If you wish to file a grievance, please write your concerns on this form and give it to either your case manager or his/her supervisor, whomever appropriate.

Client Name: Brian JonesDate: July 15th 2020

My grievance is as follows:

Under the Disability Act of 1990, I write this grievance due to the complete failure to provide suitable conditions or a suitable living space, which includes the failure to provide proper medical services or equipment as deemed necessary/required by independent medical professionals. Failure to provide adequate security within the person. I shouldn't have to make-up with needles - in my back.

Completed by: [Signature]Date: July 15th 2020Findings: 12/16/20

Decision:

Program Director/Division Director: _____

Date: _____